## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE
Commissioner for Patents
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Fax (703) 746-4000

	INSTRUCTIONS: This for	m should be used for tran	smitting the ISSUE	FEE and	PUBLICATION FEE (if requ	uired). Blocks 1 thro	ough 5 should be	completed where			
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address at indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.										
ķ		E ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, must						
	24998 759	90 08/24/2004		have its own certificate of mailing or transmission.							
:	2101 L STREET N		SHINSKY LI	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (703) 746-4000, on the date indicated below.							
1/28	WASHINGTON, D 2/2004 NNGUYEN2 000001				addressed to the Ma transmitted to the US	nil Stop ISSUE FEE PTO (703) 746-4000,	address above, on the date indic	or being facsimile ated below. (Depositor's name)			
1 EC	2:1501	1370.00 OP			<del></del>	<del> </del>	•				
2 FC	2:1504 2:8001			(Sign							
	APPLICATION NO.	APPLICATION NO. FILING DATE FIRST N			D INVENTOR	ATTORNEY DOCK	ET NO. CONF	CONFIRMATION NO.			
	09/994,900	11/28/2001	L	Shinic	hi Sato	R2184.0114/P	114	2602			
	TITLE OF INVENTION: OF	PTICAL DISK DRIVE, ITS	OPTICAL RECOR	DING CON	ITROL METHOD AND DAT	A PROCESSING AP	PARATUS				
	APPLN. TYPE SMALL ENTITY		ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) I	DUE ' 1	DATE DUE			
	nonprovisional	nonprovisional NO			\$300	\$1630		11/24/2004			
	EXAMINER		ART UNIT		CLASS-SUBCLASS						
•	TRAN, THANG V		2653		369-047530						
1	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	Γ (print or type)						
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
	(A) NAME OF ASSIGNE	BE .	RESIDENC	CE: (CITY and STATE OR CO							
	Ricoh Comp	any, Ltd.		Tokyo	, Japan			•			
	Please check the appropriate assignee category or categories (will not be printed on the patent):										
		enclosed:		Payment of							
	4a. The following fee(s) are	cherosca.									
	☑ Issue Fee				in the amount of the fee(s) is						
	Issue Fee Publication Fee (No sr	mall entity discount permitte	ed)	2 Payment	by credit card. Form PTO-203	38 is attached.					
	☑ Issue Fee	mall entity discount permitte	ed)	Payment The Dire		38 is attached.  charge the required t	fee(s), or credit a an extra copy of the	ny overpayment, t			
	☑ Issue Fee ☑ Publication Fee (No sr ☑ Advance Order - # of  5. Change in Entity Status (	nall entity discount permitte Copies <u>Ten (10)</u> (from status indicated above	ed) 	Payment The Dire Deposit Acc	by credit card. Form PTO-20: ector is hereby authorized by ount Number04-10	38 is attached. charge the required to the conclusion of the concl	an èxtra copy of t	nis form).			
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	Issue Fee  Publication Fee (No sr  Advance Order - # of  Change in Entity Status (  a. Applicant claims SN	mall entity discount permitte Copies <u>Ten (10)</u> (from status indicated above MALL ENTITY status. See	ed) e) 37 CFR 1.27.	Payment The Dire Deposit Acc	by credit card. Form PTO-20: ector is hereby authorized by ount Number04-10  eant is no longer claiming SM. ny) or to re-apply any previou e other than the applicant; a re	38 is attached.  charge the required 173 (enclose a	See 37 CFR 1.27 the application ide gent; or the assign	(g)(2).			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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			espond	to a con	ecaonic		lete if Kı		ta or riginio		
FEE	FEE TRANSMITTAL				Application Number 09/994,900-Conf. #2602						
		Filing Date First Named Inventor					November 28, 2001 Shinichi Sato T. V. Tran 2653 R2184.0114/P114				
1	for FY 2005										
Effective 1	0/01/2004. Patent fees are subject to annual revision.	Examiner Name									
		Art Unit				<del>-</del> -					
	nt claims small entity status. See 37 CFR 1.27										
TOTAL AMOU	TOTAL AMOUNT OF PAYMENT (\$) 1,700.00			Attorney Docket No.							
METHO				FEE	CALCUL	ATION (co	ontinued)				
	X Deposit Account:			3. ADDITIONAL FEES							
Deposit					Entity	_					
Account Number	04-1073	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Desc	cription	Fee Paid		
Deposit [	Dickstein Shapiro Morin &	1051	130	2051	65	Surcharge -	· late filing fe	e or oath			
Name	Oshinsky LLP uthorized to: (check all that apply)	1052	50	2052	25		late provisi	onal filing fee or cover			
1	) indicated below X Credit any overpayments	1053	130	1053	130	sheet. Non-English	specificatio	n			
X Charge any a	dditional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a re	quest for ex a	parte reexamination			
	) indicated below, except for the filing fee	İ				_		of SIR prior to			
	-identified deposit account.	1804	920*	1804	920*	Examiner ad	tion				
		1805	1,840*	1805	1,840*	Examiner ac	ction	or ork arter			
	FEE CALCULATION	1251	110	2251	55	Extension fo	r reply within	n first month			
1. BASIC FILI		1252	430	2252	215			n second month			
Large Entity Sm	nall Entity se Fee Fee Description Fee Paid	1253	980	2253	490			n third month			
Code (\$) Cod		1254	1,530	2254	765	Extension fo	r reply withi	n fourth month			
1001 790 200	· • —	1255	2,080	2255		Extension fo		n fifth month			
1002 350 200 1003 550 200	, , , ⊢————————————————————————————————	1401 1402	340 340	2401 2402		Notice of Ap	•	of an annual	<u> </u>		
1004 790 200		1403	300	2402		Filing a brief Request for		* *	<u> </u>		
1005 160 200		1451	1,510	1451		•	•	olic use proceeding			
<u>'</u>	SUPTOTAL (4) (5)	1452	110	2452	55	Petition to re	evive – unav	oidable			
	SUBTOTAL (1) (\$) 0.00	1453	1,370	2453	685	Petition to re	evive - uninte	entional			
2. EXTRA CLA	IM FEES FOR UTILITY AND REISSUE	1501	1,370	2501	685	Utility issue f	fee (or reiss	ue)	1,370.00		
	Extra Fee from Claims below Fee Paid	1502	490	2502	245	Design issue	e fee				
Total Claims 23		1503	660	2503	330	Plant issue for	ee				
Independent 6	-9** = x = 0.00	1460	130	1460	130	Petitions to t	the Commis	sioner			
Multiple Dependent	=	1807	50	1807	50	Processing f	ee under 37	CFR 1.17(q)			
Large Entity Sma	all Entity	1806	180	1806	180	Submission	of Information	on Disclosure Stmt			
Fee Fee Fee Code (\$) Cod		8021	40	8021	40			ssignment per of properties)			
1202 18 220	• •	1809	790	2809	395	Filing a subn	nission after	final rejection	<b> </b>		
1201 88 220						(37 CFR 1.1) For each add		ntion to be	ļ		
1203 300 220	3 150 Multiple dependent claim, if not paid	1810	790	2810	395	examined (3					
1204 88 220	4 44 ** Reissue independent claims over original patent	1801	790	2801	395	-		xamination (RCE)			
1205 18 220	- '	1802	900	1802	900	Request for of a design a		xamination			
	and over original patent	8001. Printed copy of patent w/o color; Publication							330.00		
	SUBTOTAL (2) (\$) 0.00	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,700.00									
	**or number previously paid, if greater; For Reissues, see above										
**or number previ	ously paid, if greater; For Reissues, see above										
**or number previous							(Complete	(if applicable))			
	Mark J. Thronson Gabriela I. Coman		ation No y/Agent)		082 515			(if applicable)) (202) 775-4742			